NAME

Address

Paula K. Schoeneck

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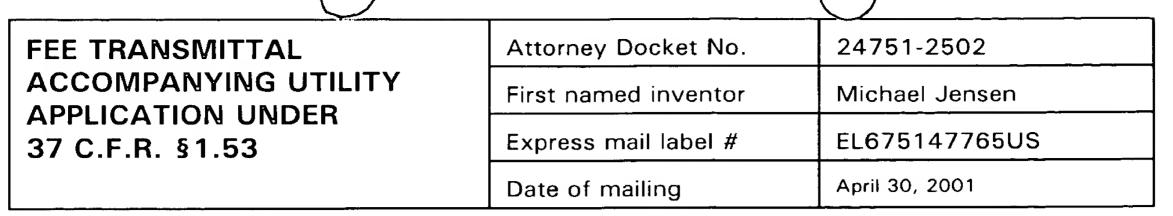
TRANSMITTAL OF UTILITY **APPLICATION UNDER 37** 

	<u> </u>	<u></u>
Attorney Docket No.	24751-2502	PTO
First named inventor	Michael Jensen	.s. 663
Express mail label #	EL675147765US	72 U 9/84
Date of mailing	April 30, 2001	JCB

C.F.R. §1.53	Date of mailing		April 30, 2001	S		
Application Elements		Accompanying Application Papers				
1. [X] Fee Transmittal Form		6. [] Assignr	ments			
<ul> <li>2. [X] Specification containing 174 pages (including Claims (18 Pgs.) and 1-F Abstract), and a Sequence Listing</li> <li>a. Title: SELECTION SYSTEMS FOR GENETICALLY MODIFIED (19 Pg.)</li> <li>b. Number of claims: 165</li> <li>3. [X] 7 sheets of drawings with 1 Figure</li> <li>4. [ ] Declaration</li> <li>5. [X] Sequence Listing</li> <li>[X] Paper copy (identical to computer computer computer readable copy</li> <li>[ ] Verified statement</li> </ul>	eg. (61 Pgs.) R CELLS	8. [] Prelimin	ntity Status is claimed ary Amendment Receipt Postcard	d		
		SIGNATURI	E OF ATTORNEY/A	GENT		
			AN WHITE & MCAULI			
		Paula K. Scho Registration N	eneck lumber: 39,362			
[ ]						
CORRESPONDENCE ADDRESS						

4350 La Jolla Village Drive, 6th Floor, San Diego, CA 92122-1246

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## FEE CALCULATION FOR CLAIMS AS AMENDED

a)	Basic Fee	\$ <u>710.00</u>
b)	Independent Claims 19 - 3 = $16 \times $80.00$	\$ <u>1280.00</u>
c)	Total Claims $\frac{165}{165} - 20 = \frac{145}{145} \times \$ 18.00$	\$2610.00
d)	Fee for Multiple Dependent Claims - \$270.00	\$ 0.00
	TOTAL FILING FEE	\$4600.00

[X] Status as Small Entity is claimed reducing Fee by one-half to

\$2300.00

- [X] A check in the amount of \$2300.00 to cover the fee for filing the application.
- [] Charge \$ .00 to Deposit Account No. 50-1213
- [X] The Commissioner is hereby authorized to charge any additional fees, including the filing fee and excess claims fee, that may be required in this application under 37 C.F.R. §§ 1.16-1.17 during its entire pendency, or credit any overpayment, to Deposit Account No. 50-1213. If proper payment is not enclosed, such as a check in the wrong amount, unsigned, post-dated, otherwise improper or informal, or absent, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-1213 during the entire pendency of this application. This sheet is filed in duplicate.

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Submitted by:						
Typed or printed name	Paula K. Schoeneck			Reg. Number	39,362	
Signature	Paula K. Schoeneck	Date	4/30	Deposit Account	50-1213	